## **REQUEST FOR TB MEDICATION, TESTING SOLUTION & PRINTED MATERIAL**



NORTH DAKOTA DEPARTMENT OF HEALTH

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Report positive skin-test reactions to the North Dakota Department of Health using the Tuberculin Test Registration card. The Centers for Disease Control & Prevention recommends that people with latent TB infection be treated. Refer clients with positive reactions to their physician for evaluation, chest x-ray and a prescription for medication. Your local public health unit will monitor treatment and dispense free medications provided by the North Dakota Department of Health.

The Division of Disease Control maintains a database of positive reactors. If you want to know if a client has been a previous positive reactor and/or has completed treatment for latent TB infection, please call the Division of Disease Control for assistance at (701) 328.2376 or 1.800.472.2180.

Skin-Testing Solution	Qty. of Vials Ordered	Qty. of Vials Sent	Lot #	Exp. Date	Date Sent
PPD 1 ml vial (10 doses)					
PPD 5 ml vial (50 doses)					

PPD solution is shipped only on Monday, Tuesday and Wednesday if outdoor temperatures are suitable. Please fax your order to (701) 328-2499, or mail to:

RJ Jansen Division of Disease Control N. D. Department of Health 2635 East Main Avenue P.O. Box 5520 Bismarck, N.D. 58506-5520

Styrofoam coolers are property of N.D. Department of Health and must be returned within 30 days.

#### Send PPD to:

Attn.			Name of Person Submitting Order
Facility			Telephone No.
Address (No PO Boxes-Street Address	only)		Email Address
Address			Date Ordered
City	ND	Zip	Requested Delivery Date (allow 1 week)

## REQUEST FOR TB MEDICATION, TESTING SOLUTION & PRINTED MATERIAL

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			For State	Use Only	
Medication	Qty. of Bottles Ordered	Qty. of Bottles Sent	Lot #	Exp. Date	Date Sent
B <sub>6</sub> (pyridoxine) 25 mg (30 tablets)					
B <sub>6</sub> (pyridoxine) 50 mg (100 tablets)					
EMB (ethambutol/myambutol) 100 mg (100 tabs)					
EMB 400 mg (100 tablets)					
INH 100 MG (100 tabs)					
INH 300 mg (30 tablets)					
INH 300 mg (30 tablets)					
INH syrup, pint (473 ml), with spoons					
PZA (pyrazinamide) 500 mg (100 tablets)					
RIF (rifampin) 150 mg (30 tabs)					
RIF (rifampin) 300 mg (60 capsules)					

TB medications are shipped Monday through Friday. Please fax to (701) 328.2499, or mail to:

RJ Jansen Division of Disease Control N.D. Department of Health 2635 East Main Avenue P.O. Box 5520 Bismarck, N.D. 58506-5520

If you have questions, call 1.800.472.2180 or 701.328.2376.

### Send TB Meds to:

Attn.				Name of Person Submitting Order	
Facility			Telephone No.		
Address (No PO Boxes-Street Address Only)			Email Address		
Address				Date Ordered	
City	ND	Zip		Requested Delivery Date	

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	Printed Material from Centers for Disease Control and Prevention	
https	ited supply of CDC materials is kept in the Division of Disease Control. CDC's order form is located at :://www2.cdc.gov/nchstp_od/PIWeb/tborderform.asp. Ordering directly from CDC may result in a quicker ery to you and many items may be printed and reproduced. Visit their website to view items not listed here.	Qty.
1.	Get the Facts About TB Disease	
2.	Guide for Primary Health Care Providers: Targeted Tuberculin Testing and Treatment of Latent TB Infection	
3.	Induration Rulers	
4.	Protect Your Family and Friends from TB: The TB Contact Investigation	
5.	Skin-Test Posters	
6.	Skin-Test Training Video	
7.	Staying on Track With TB Medicine	
8.	Take Steps to Control TB When You Have HIV	
9.	Questions and Answers About TB (for the client)	
10.	What You Need to Know About TB Infection	
11.	What You Need to Know About the TB Skin Test	

	Forms from Division of Disease Control, N.D. Department of Health  Visit our website at <a href="http://www.ndhealth.gov/">http://www.ndhealth.gov/</a>	Qty.
1.	INH Side Affects Checklist, SFN 14535	
2.	Treatment of LTBI, SFN 50250, (3-part carbon form for reporting treatment to NDDoH)	
3.	Tuberculin Test Registration cards (SFN 7722)	
4.	TB Contact Screening of Active Cases (SFN 53161)	
5.	Latent TB Infection – Directly Observed Treatment (SFN 54414)	
6.	TB Disease – Directly Observed Treatment (SFN 5441300	

Comments?		

#### **Send Printed Materials to:**

Attn:		Name of Person Subi
Facility		Date Ordered
Address		Requested Delivery D
Address		Telephone No.
City	ND Zip	Email Address

Name of Person Submitting Order
Date Ordered
Requested Delivery Date (allow 1 week)
Telephone No.
Email Address